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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sudan

Proposed UNFPA assistance	$17 million from regular resources
Programme period	5 years (1997-2001)
Cycle of assistance	Third
Category per decision 96/15	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	*Total*
Reproductive health	12.5	12.5
Population & development strategies	3.0	3.0
Advocacy	1.5	1.5
Total	17.0	17.0

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SUDAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	69.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	9.0	55
Access to basic health services (%)[3]	51.0	≥60
Infant mortality rate (/1000)[4]	78.0	≤50
Maternal mortality rate (/100,000)[5]	550.0	≤100
Gross female enrolment rate at primary level (%)[6]	33.4	≥75
Adult female literacy rate(%)[7]	30.6	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	28,098	Annual population growth rate (%)	2.7
Population in year 2000 (000)	32,079	Urban	4.7
Sex ratio (/100 females)	100.8	Rural	1.9
Per cent urban	24.6	Crude birth rate (/1000)	38.4
Age distribution (%)		Crude death rate (/1000)	11.9
Ages 0-14	43.8	Net migration rate (/1000)	0.0
Youth (15-24)	19.7	Total fertility rate (woman)	5.37
Ages 60+	4.7	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.2	Males	53.6
Median age (years)	17.8	Females	56.4
Population density (/sq. km.)	11	Both sexes	55.0
		GNP per capita (U.S. dollars, 1994)	239

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Sudan achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $17 million from UNFPA's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's third programme of assistance for Sudan.

2. The proposed programme was developed on the basis of the Government's policies and priorities in the area of population and development, as reflected in the Sudan Comprehensive National Strategy for the period 1992-2002, the Master Plan for the Implementation of Reproductive Health and Safe Motherhood (1997-2002) and the Country Strategy Note for the period 1997-2001. It was developed following a programme review and strategy development (PRSD) exercise that was conducted in September/October 1996. It is the result of close consultation with the Government, non-governmental organizations (NGOs), other United Nations agencies and bilateral donors. The Government participated fully in all stages of the PRSD exercise and endorsed its findings and recommendations.

3. On the basis of its demographic indicators and per capita income, Sudan has been grouped in category "A" under the Fund's new system for resource allocation. The proposed programme would carry out activities in all three of UNFPA's core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. In terms of reproductive health, the proposed programme would help the Government in reducing maternal mortality and morbidity, increasing contraceptive prevalence, reducing the prevalence of female genital mutilation and combating the spread of sexually transmitted diseases (STDs), including HIV/AIDS. In view of the country's decentralization policy and in order to maximize the impact of limited resources, UNFPA's assistance in the reproductive health area would be concentrated in six disadvantaged and government priority states, where the Fund is currently operating and where other United Nations agencies provide support. In the area of population and development strategies, the proposed programme would help to finalize the population policy and assist in its articulation into sectoral plans of action and strengthen national human resource capabilities for their implementation. Advocacy activities would focus on promoting the socio-economic, health and literacy status of women and on creating a favourable environment in support of population-related activities, with emphasis on reproductive health and gender issues.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Sudan is the largest country in Africa, with an area of 2.5 million square kilometres and a population of about 28 million. The country has undergone a period of political turmoil, including armed conflict in parts of the country, and this has led to a weakening of the economy. Sudan had a net external debt of about $18 billion by the end of 1995. The Government initiated a policy of decentralization in 1994 by increasing the number of states from 9 to 26 and placing great responsibilities on them. The states now have to generate their own resources, plan for and provide public services and, at the same time, pay their share of federal taxes.

6. The current total fertility rate is about 5.4 children per woman, down from 7 in 1979. The increase in the contraceptive prevalence rate from 5 per cent to 9 per cent (6.8 per cent of which is for modern methods) over the same period is not sufficient by itself to account for this decline in fertility. The fertility decline is attributed mainly to an increase in the average age at marriage, migration of men and the civil strife. The breakdown of the 6.8 per cent using modern methods is as follows: 5.1 per cent use the pill; 0.9 per cent use sterilization; 0.6 per cent use intra-uterine devices (IUDs); and 0.2 per cent use injectables. According to a survey on knowledge, attitudes and practices (KAP) concerning family planning, the low use of contraceptives is due to rumours and misconceptions about side effects, the objections of husbands and other cultural constraints. Male methods of contraception, including condoms, are rarely used, and there is a growing incidence of sexually transmitted diseases, including HIV/AIDS.

7. There is a very high rate of maternal mortality (550 per 100,000 live births), which is attributed to the prevalence of first pregnancies at an early age, the close spacing of births, complications during delivery, many of which result from the practice of female genital mutilation, and the lack of adequate maternal health services. According to a UNICEF situation analysis carried out in 1996, the high prevalence of female genital mutilation (82 per cent) is due to lack of awareness among women about the health problems associated with this practice, low levels of education of mothers, the low income status of midwives and traditional birth attendants (TBAs), and the existence of patriarchal attitudes among men concerning the sexuality of women. The country continues to have a significant gender gap: 60 per cent of men are literate compared to only 30 per cent of women, and only 5 per cent of the members of the National Assembly are women. Women constitute 25 per cent of all heads of households and 26 per cent of the labour force.

8. The present primary health care system provides only limited access to quality reproductive health, including family planning, services and related information, education and communication (IEC) because of the shortage of trained reproductive health service providers, logistics and supplies; an ineffective referral system; the absence of an IEC strategy; and the paucity of sociocultural

research. It is estimated that the total public expenditure on health accounts for only 1 per cent of the gross domestic product (GDP). Although there is no explicit population policy, the Sudan Comprehensive National Strategy has identified national population and health objectives for the year 2002. These include reducing the maternal mortality rate to 225 per 100,000 live births, reducing the under-five child mortality rate to 45 per 1,000 live births and increasing the coverage of the expanded programme of immunization (EPI) to 90 per cent. Within this framework, the Government has adopted a plan of action for achieving the strategy's goals in terms of reproductive health and Safe Motherhood by the year 2002. This plan of action calls for ensuring access to basic maternity care for 75 per cent of pregnant women, providing management of complications for 50 per cent of pregnant women and increasing the contraceptive prevalence rate to 30 per cent. However, the PRSD mission concluded that these targets are too ambitious, particularly in light of available donor and national resources allocated to the health sector. Therefore, one of the activities of the proposed programme would be to help the Government articulate more realistic quantifiable targets.

Previous UNFPA assistance

9. UNFPA began support to the Government of Sudan on a project-by-project basis during the period 1973-1980. The first country programme for the period 1980-1985 was approved in the amount of $7.1 million and was continued for an additional interim year in 1986. The second country programme was approved by the Governing Council for the period 1987-1991 in the amount of $8 million. Two subsequent interim programmes were undertaken, ending in 1996, with a total programme expenditure of about $10 million.

10. There were a number of constraints and lessons learnt from the previous programmes. Access to quality reproductive health was limited by, among other things, the poor logistics and supply system, a government policy of not allowing village midwives to distribute contraceptives, lack of involvement of TBAs and village midwives in curtailing the practice of female genital mutilation, sociocultural barriers to contraception and the absence of IEC strategies. Although data were made available through the population censuses of 1983 and 1993 and through sample surveys, there is still a need for updating data on reproductive health, family planning and gender issues. The integrated women-in-development activities that incorporated literacy training, income-generating activities and reproductive health, including family planning, services proved to be a valuable model for promoting the status of women. There is a need, however, for strengthening the reproductive health component of these activities.

11. Although the country's decentralization policy provides good opportunities for concentrating programmes at the state level, initially it has resulted in a high turnover among population specialists and project staff, and this has hampered implementation of activities. This highlights the need for continuous short-term training programmes to ensure the availability of qualified personnel, particularly in the areas of reproductive health and gender. The PRSD report concluded that

UNFPA's activities in recent years were relatively more successful than those of the past. It recommended that in order to build on this groundwork it was important that the Fund continue its support in the same areas where it is presently operating and for a longer period of time in order to ensure sustained accomplishments.

Other external assistance

12. Most bilateral assistance agencies have withdrawn from Sudan. Among the multilateral agencies, UNFPA is the main donor for population activities although UNDP, UNICEF and the World Health Organization (WHO) have some complementary activities. The UNICEF programme for the period 1997-2001 amounts to $44.7 million covering, among other things, initiatives on Safe Motherhood, prevention of HIV/AIDS, management of primary health care service delivery and research and advocacy on gender concerns. The UNDP programme for 1997-1999 amounts to $42 million with a main focus on poverty alleviation but also includes some AIDS prevention activities. In its 1996-1997 programme of some $6 million, WHO supports the elaboration of health policies and the development of the health system's infrastructure, human resources and management information systems. UNHCR supports reproductive health services for refugees through local NGOs. The Sudan Family Planning Association (SFPA) receives an annual contribution from the International Planned Parenthood Federation (IPPF) as well as contraceptives and medical supplies.

13. As can be seen, given the current donor situation of Sudan, UNFPA plays a unique role in terms of providing assistance for population and reproductive health activities in the country. The Fund cooperates with the programmes of the other multilateral donor agencies to the extent possible. It is, for example, participating with UNDP and UNICEF, its partners in the Joint Consultative Group on Policy (JCGP), in a joint development exercise in two regional centres -- Juba, in Bahr-El-Jabal State, and Kadogli, in Southern Kordofan State.

Proposed programme

14. The proposed programme would assist the Government in revising its quantitative national population and reproductive health targets for the year 2002 and help to develop more realistic ones. The Fund would build on its current assistance to reproductive health, including family planning, services and IEC and integrated women-in-development programmes in a cluster of underserved and priority states. These include Northern Kordofan, Southern Kordofan, Bahr-El-Jabal, Khartoum, Blue Nile and Nile states. These states were selected because of their high maternal mortality and fertility rates and their low contraceptive prevalence and female literacy rates compared to national averages. They were also chosen because other United Nations agencies and international NGOs are carrying out complementary work in these states, thereby maximizing efficiency and achieving greater impact. Quantifiable targets in the area of reproductive health would be set up on the basis of baseline surveys to be conducted in the proposed six states. The support being provided for population policy

development and advocacy activities at the national level would reinforce the reproductive health activities being carried out at the state level.

15. Reproductive health. To help reduce maternal mortality and morbidity in the six target states, support would be provided for the integration of reproductive health services, including emergency obstetric care, in 200 clinics run by the Government and NGOs at the primary health care level. This would be done through pre-service and in-service training, provision of basic maternal health care equipment and supplies and strengthening referral systems at the primary and secondary health care levels. To help increase the use of contraceptives, support would be channeled to training various categories of service providers in technical skills and interpersonal communication and the provision of commodities and supplies.

16. The Fund would provide contraceptives in the amount of approximately $5 million over the life of the proposed programme in order to fulfill the needs of the population at the national level. It would also provide technical assistance to develop an efficient logistics system for the supply, management and distribution of contraceptives. The amount proposed for contraceptive procurement was estimated on the basis of current consumption plus an anticipated increase of 3 per cent a year in contraceptive use. The proposed programme would also assist the Government in identifying other sources for contraceptives and exploring ways of increasing its self-reliance in contraceptive procurement over the long run. The programme would help the Government address legal and policy barriers to contraceptive distribution.

17. A task force of pertinent government institutions and NGOs would be established for the planning and coordination of IEC and advocacy activities. A national population IEC strategy would be developed on the basis of cultural and behavioural research to be conducted under the proposed programme. IEC activities would take a multi-channel approach that would target pertinent segments of the population, including youth and adolescents. The programme would support training in IEC for media specialists. These activities would be carried out in collaboration with UNICEF and WHO.

18. UNFPA would collaborate with UNICEF in integrating population education, particularly concerning reproductive health and gender issues, into the curricula of secondary schools, teacher's training institutes and youth programmes. Support would be continued to revitalize the health management information system and to establish a reliable information base capable of providing inputs for programme development, monitoring and evaluation. In this respect, a KAP study of service providers in relation to female genital mutilation would be conducted by Ahfad University for Women, and the Fund would collaborate with UNICEF and WHO in conducting a National Safe Motherhood Survey in 1997. In addition, operations research would be conducted in order to try to devise measures to enable village midwives and TBAs to become involved in income-generating activities instead of performing female genital mutilation. Furthermore, UNFPA would cooperate with WHO in carrying out research on the quality of reproductive health service delivery.

19. To help combat the spread of STDs, including HIV/AIDS, UNFPA would continue to collaborate with other United Nations agencies, especially UNAIDS, in the area of HIV prevention. UNFPA would also support reproductive health activities for the population in displaced camps on a limited scale in the six target states. UNFPA would continue to support integrated women-in-development activities, with emphasis on reproductive health, in the six states. Such activities would be coordinated, to the extent possible, with the Area Development Scheme of UNDP and the related activities of other United Nations agencies.

20. Population and development strategies. UNFPA would provide technical assistance to strengthen the capacity of the National Population Council (NPC) and other pertinent ministries to revise and finalize the draft population policy document and to develop a plan of action to help integrate population variables into national and sectoral development policies and programmes. In addition, UNFPA would provide technical assistance to the NPC to develop a database on population policy and programmes and would collaborate with UNDP, UNICEF and WHO to assist the Central Bureau of Statistics in establishing a national integrated information system. In this respect, UNFPA would help assess the current system and identify indicators crucial for monitoring and evaluating the achievements of the country's population programme, particularly in relation to ICPD goals.

21. Technical assistance would be extended to the Population Study Centre at Gezira University to review the curricula of the Master of Science programme in population and development to ensure that they are consistent with new post-ICPD paradigms. Support would also be provided for short-term training programmes for government and NGO staff on gender and reproductive health issues, the development and management of population programmes, and demographic statistics.

22. Advocacy. UNFPA would provide technical assistance to strengthen the capacity of pertinent government agencies and NGOs, such as the National Population Council, the National Development Information, Population and Communication Centre and the Sudan Family Planning Association to develop and implement an advocacy strategy. The programme would assist the Government in enlisting support for national population and reproductive health programmes through seminars and workshops directed at parliamentarians, other national decision makers, and religious and community leaders. There would be an emphasis on various issues facing women, including eradicating female genital mutilation, encouraging education for the girl child, reducing gender inequities and inequality, increasing women's participation in the labour force, improving their access to economic resources, and fostering greater participation by women in national decision-making. Advocacy efforts would also be designed to encourage a wider dissemination of reproductive health messages via radio, television and the press.

23. The programme would strive to enhance the coherence and complementarity among reproductive health, population and development, and advocacy activities so that they reinforce each other in a synergetic way. For example, data and research findings would be used as an advocacy

tool to eliminate legal and cultural barriers to reproductive health, including family planning, interventions, and to help integrate gender concerns into development programmes. By building on these strengths of the programme approach, all of the activities undertaken by the Fund would achieve greater impact.

Implementation, monitoring, evaluation and coordination

24. Implementation would be entrusted with the Sudanese Government and national NGOs, and certain programme elements would be directly executed by competent national NGOs and academic and government institutions. Other activities of the proposed programme would be executed by United Nations agencies that are represented in the country and by international NGOs identified on the basis of their competence and accumulated experience in the country. In order to improve national execution and implementation capabilities and ensure sustainability of activities, a short-term training programme would be established for government and NGO staff on UNFPA programme and project development, management, implementation, monitoring and evaluation. In addition, technical assistance and backstopping would be provided through local consultants and Country Support Team advisers. Additional technical support from international resident experts and United Nations Volunteers (UNVs) would be provided on a limited scale.

25. The programme would be coordinated by the Ministry of Finance, which is the focal point for the coordination of all multilateral assistance. The relevant indicators generated through baseline surveys under the various components of the programme would be used to monitor its achievements and progress. In addition, regular external evaluations of programme components would be conducted. A mid-term programme review is planned for 1999.

Recommendation

26. The Executive Director recommends that the Executive Board approve the programme of assistance for Sudan as presented, in the amount of $17 million over the period 1997-2001, which would be programmed from UNFPA's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.